

HEALTH CARE PROVIDERS

Screenings, Referrals, and Affordable Addiction Treatment Options: A Guide for Health Care Providers

Health care providers are often in the perfect position to help patients with substance use disorders, which encompass both dependence on and abuse of alcohol and illicit drugs.



In 1974, I walked into a hospital-based treatment program and started a recovery that has just passed 30 years. My life in recovery has included working

in the addictions field in a wide variety of positions, including teacher, trainer, researcher, and advocate. Along the way, I have met thousands of individuals who are living proof that recovery happens every day through an incredible array of pathways. For me, one of the most exciting developments has been the emergence of a new, nationwide recovery movement that gives people in recovery and their allies an opportunity to advocate for the civil rights of alcoholics and drug addicts.

John de Miranda

Executive Director

*National Association on Alcohol,
Drugs and Disability*

Dependence on and abuse of alcohol and illicit drugs, which include nonmedical use of prescription-type drugs, are defined using the American Psychiatric Association's criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV). Dependence reflects a more severe substance problem than abuse; individuals are classified with abuse of a particular substance only if they are not dependent on that substance.¹

Health care providers can not only identify the signs of alcohol or drug use, but also encourage the patient to start the journey toward recovery. By proactively identifying the symptoms of substance use disorders, health care providers can help patients begin the healing process.

These services are greatly needed. In 2003, more than 22 million Americans age 12 or older needed treatment for an alcohol or illicit drug problem.² As many as 63 percent of Americans say that addiction to alcohol or other drugs has had an impact on them at some point in their lives, whether it was the

addiction of a friend or family member or another experience, such as their own addiction.³

People who have these disorders enter the medical system in a variety of ways:

- In 2002, 670,307 emergency department visits were related to drug abuse.⁴
- More than 72 medical conditions have risk factors that can be attributed to substance use. Many patients enter the medical system because of one of these conditions.⁵

Every patient visit with a physician or health care specialist is an opportunity to address these disorders and begin the pathway to healing. For health care providers to guide people into recovery, however, it is essential to recognize that alcoholism and drug dependence are medical conditions and public health problems for which effective treatments are available.⁶

In fact, a major study published in the *Journal of the American Medical Association* in 2000 found that treatments for substance use disorders are as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁷ Another study by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS) found that treatment for substance use disorders improves mental and physical health, while boosting employment rates.⁸

Despite these benefits, many people do not receive the treatment they need. In 2003, as many as 20.3 million people with substance use disorders who needed treatment did not receive it. The reasons people said they did not receive treatment included:

- Not being ready to stop using alcohol or drugs (41.2 percent)
- Cost or insurance barriers (33.2 percent)
- Reasons related to stigma (19.6 percent)
- Not feeling the need for treatment (at the time) or feeling they could handle the problem without treatment (17.2 percent)⁹

These statistics can change if providers from all points on the health care spectrum—primary care physicians, dentists, obstetricians/gynecologists, psychiatrists, physician assistants, nurses, and others—increase their efforts to screen for substance use disorders. Health care providers are an integral part of screening and assessment; they can provide increased access to treatment for patients; and their advocacy for improved reimbursement through enhanced private insurance coverage can help make treatment more affordable.¹⁰

Health care providers' efforts to date have greatly increased access for many people nationwide, and their continued participation in training programs can further advance their skills in these efforts. For example, a training program in Alabama has increased awareness of the need for brief interventions by physicians and medical staff. Since its inception, the program has received more than 200 inquiries from physicians, and participants have begun training staff at local clinics and medical schools.¹¹

In addition, within the U.S. Department of Health and Human Services, the Health Resources and Services Administration (HRSA) has an interagency agreement with SAMHSA to address the need to improve the workforce in the substance abuse field through faculty development. The Interdisciplinary Faculty Development Program on Substance Abuse Education seeks to improve and expand health professional education in addressing substance use disorders.

Participating in programs like these is just one way that health care providers can promote recovery in their communities. Additionally, Physicians and Lawyers for National Drug Policy has provided

materials to more than 1,000 physicians and medical students across the country who have responded to initiatives that call for greater access and private financing for treatment, and for increased collaboration and involvement in diagnosing and referring patients to appropriate treatment.

Assessment and Referral

People with substance use disorders need to be appropriately assessed, diagnosed, and referred to the appropriate treatment, regardless of where they enter the health care system. There is no wrong door to treatment for substance use disorders.¹²

Health care providers, therefore, play an extremely important role in identifying individuals with these disorders. More than two-thirds of people who have substance use disorders see a primary care or urgent care physician every six months. These visits give physicians multiple opportunities each year to recognize, diagnose, and prescribe treatment for people with these disorders. The need for alcohol and drug use screening at these visits is imperative for early diagnosis and intervention.¹³

Health care providers who refer people in need of alcohol or drug treatment often are more successful than others in getting these people into treatment. This is because of the stature of a physician or health care specialist.

Health care providers who treat certain types of people, such as those with mental disorders, have a particular responsibility to screen for substance use disorders. Often, alcohol and drug use are co-occurring disorders for people with mental illnesses.¹⁴

In 2003, about 4 million adults with a serious mental illness also were dependent on or abused alcohol or an illicit drug, yet among adults with these co-occurring disorders in 2003, only 47 percent received mental health treatment, and 11 percent received specialty substance use treatment. Only 7.5 percent received a combination of mental health and specialty substance use treatment. Specialty substance use treatment is offered at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers.¹⁵ These statistics highlight the need to better screen and assess people with co-occurring alcohol or drug use disorders and mental disorders. Several tools are available to help providers assess people with co-occurring disorders, including **GAIN** (Global Assessment of Individual Needs), an assessment tool developed as part of a SAMHSA-sponsored project.¹⁶

An estimated 4.7 million people suffer from both hidden disabilities and a co-existing substance use disorder.¹⁷ Hidden disabilities include deafness, cognitive impairment, arthritis, multiple sclerosis, attention deficit hyperactivity disorder, and learning disabilities, to name only a few.¹⁸ Those suffering from these conditions are at higher risks for developing substance use disorders—they have a two-fold to four-fold greater risk than the general population.¹⁹

The National Association on Alcohol, Drugs and Disabilities (NAADD) recently conducted a study that showed most alcohol and drug treatment programs do not accommodate the large number of people suffering from these disabilities. Over the years, this non-compliance with the Americans with Disabilities Act (ADA) has led to a large number of people with disabilities being denied access to treatment for substance use disorders.²⁰ Access must be improved for people with disabilities and care must be sensitive to this population's special needs.²¹ For more information, there is a ***Substance Use Disorders and Disability*** brochure available through SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at <http://store.health.org/catalog/ProductDetails.aspx?ProductID=16852>.

Health care providers also are especially important in assessing older adults, whose needs are different from the general population. Older adults are often vulnerable to substance use disorders following major life changes, such as the death of a spouse, a divorce, or periods of prolonged illness. One of every 5 adults age 60 or older misuses alcohol and/or prescription drugs. Symptoms of older adults' disorders are often overlooked or misdiagnosed as depression, dementia, and other age-related health problems.²² SAMHSA's ***TIP 26: Substance Abuse Among Older Adults*** provides more information about the specific needs of this population; TIP 26 is available online at www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.48302.

For these reasons, health care providers should stay informed of all the substances or medications older patients are taking and look for signs of alcohol and drug use.²³ SAMHSA has developed a screening tool entitled ***Alcohol Use Among Older Adults: Pocket Screening Instruments for Health Care and Social Service Providers***, which is designed to help health care providers identify the signs of abuse, intervene, and assist in obtaining treatment for older adults suffering from these disorders.²⁴ SAMHSA also conducts numerous initiatives that provide support services for older adults with substance use disorders.²⁵

Substance use disorders are a problem among adolescents, as well, and can isolate them from their peers, family, and community, making it difficult to lead a normal, healthy existence. This is true not only for those who are dependent on alcohol and drugs, but also for those with parental figures or siblings who have alcohol and drug problems. Preventing and overcoming these problems requires awareness, education, and dedicated support from family members as well as health care providers. It is estimated that half of American high school students drink alcohol, one-third binge drink, and one-fourth smoke marijuana.²⁶

To help combat this problem, a screening device—the CRAFFT test—was developed specifically for use among adolescents. CRAFFT is a verbal questionnaire that is named using a mnemonic of the first letters of key words in the test's six questions. CRAFFT is a valid means of screening adolescents for substance-related problems and disorders, which may be common in some general clinic populations.²⁷

While attention to specific populations is important, current recommendations state that health care providers should ask all their patients, regardless of age and reason for their visit, about their substance

use history. Currently, 88 percent of physicians are asking new patients if they drink alcohol, but only 13 percent are using a formal alcohol screening tool.²⁸ Just as they inquire about other medical conditions, health care providers should ask patients questions about substance use. Additionally, physicians should seek the counsel of other physicians who are knowledgeable in addiction medicine when treating patients with a history of alcoholism or other addictive diseases.²⁹



I suppose most people who are not in recovery wonder what would happen if their spouse stopped drinking. That may be worrisome to a spouse who is

not in recovery—that some opportunity for normal enjoyment will be taken away if someone removes alcohol from their life and becomes abstinent. But my wife is not simply abstinent from drugs and alcohol—she is in recovery. There is a big difference between abstinence (the absence of alcohol) and recovery (the replacement of alcohol with a lifestyle that is more sustaining). She doesn't just "not drink"—she helps others, values friendships, is grateful for what we have, and is legitimately happy for the good things that happen to others. These qualities started out as a way of protecting her from missing the alcohol and drugs she stopped—but now they are qualities that give her and me daily enjoyment. I can always tell when she needs a support group meeting and I can always tell when she has come from a meeting—there is a palpable feeling of calmness, but also energy and enthusiasm.

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University of Pennsylvania

Director, Treatment Research Institute

There is evidence that training in the identification and diagnosis of substance use disorders can have a sustained effect on health care providers' ability to intervene with patients to guide them toward recovery. Five years after participating in a seminar on the detection of and brief intervention for people with a substance use disorder, more than 91 percent of participants—including physicians, nurses, physicians assistants, social workers, and psychologists—said they were still using techniques they had learned at the seminar.³⁰

Access to Treatment

Once people with substance use disorders are identified and referred to treatment, they have to overcome barriers to accessing appropriate treatment programs. These barriers are often caused by the stigma society has associated with substance use disorders; people often label these disorders as moral weaknesses rather than illnesses.

A national policy panel convened in 2002 by Join Together, a project of Boston University School of Public Health, addressed discrimination against people seeking treatment or recovery from substance use disorders.³¹ The panel was

initiated in part by the results of a national poll commissioned by Faces & Voices of Recovery, which found that 20 percent of people in recovery and their family members cited fear of being fired or facing discrimination at work as barriers to accessing treatment services.³²

Providers who come in contact with people with substance use disorders are likely to see how this discrimination affects treatment. According to Carol Shapiro, director of a multi-service community-based program that works to support those living with addiction and their families, “People experience shame and stigma, which can severely impede the effectiveness of treatment and access to community-based resources. Researchers hint at this unexpected problem, but community-based treatment providers witness [them] directly.”³³

Of the 22.2 million people age 12 or older needing treatment for an alcohol or illicit drug problem in 2003, 20.3 million did not receive treatment.³⁴ The problem is especially acute for people in rural areas, women, Native Americans, and people with language or cultural differences.³⁵ Even among those who are “in treatment,” many may have no access to the most appropriate treatment for their condition or may face limits on the duration of treatment that inhibit its effectiveness.³⁶

Improving access to treatment includes improving the quality and the amount of care available. Frequency, duration, and intensity of treatment must all be considered, and services should be readily accessible to the community, with geographically convenient entry points.^{37,38} Treatment should focus on the individual’s needs and should respond to changes as the patient progresses through each stage of recovery.³⁹

In addition, treatment should meet the needs of people with co-occurring disorders, such as mental health issues. Treatment of both mental and substance use disorders can help prevent the exacerbation of health problems, according to SAMHSA’s ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders***.⁴⁰

It is important to remember that people in need of treatment for substance use disorders do not fall exclusively within the purview of the “substance use disorder system.” They may appear in any of a variety of service systems, including primary health care, mental health, social service, justice, education, workplace and housing.

Because each of these avenues can provide a door to treatment, all health care providers (and other service providers) who come in contact with people experiencing alcohol or drug problems should be able to easily provide patients with access to treatment facilities in their community and encourage them on the road to healing.⁴¹ In fact, a 1998 Join Together National Policy Panel reported that education and training on the nature of addiction and recovery should be required for all health, mental health, social service and justice system professionals. If we are ever to fully integrate substance use disorders treatment into the health care system, such professionals must know how to intervene and refer people to appropriate treatment.⁴²

When treating anyone with a substance use disorder, health care providers must tailor the treatment, taking into account factors such as severity of substance use, presence of co-occurring disorders, age, level of maturity, cultural background, gender, and family and peer environment. For example, studies have shown that the most effective treatment for adolescent drug abuse is family-based treatment.⁴³ Once all factors have been assessed, the appropriate treatment and recovery services can be determined to meet the person's specific needs.⁴⁴

Various tools are available to help health care providers provide patients with access to treatment.

- An emerging body of research and clinical experience supports the use of the Screening, Brief Intervention and Referral to Treatment (SBIRT) approach for people who are experiencing problems related to the use of illicit drugs. SAMHSA's SBIRT program is a state discretionary grant program designed to assist states, territories, and tribes in expanding the continuum of care available for the treatment of substance use disorders. Its goals are to include screening, brief interventions, referrals, and brief treatment for persons at risk of dependence on alcohol or drugs by adding services in general medical and other community settings, such as community health centers. Other venues for providing these services are school-based health clinics and student assistance programs, occupational health clinics, hospitals, and emergency departments. The SBIRT program also aims to support clinically appropriate treatment services for nondependent substance users (i.e., persons without a substance abuse disorder diagnosis) as well as for dependent substance users (i.e., persons with a substance dependence disorder diagnosis). It also is designed to improve linkages among generalist community agencies performing SBIRT and specialist substance abuse treatment agencies, and to identify systems and policy changes needed to increase access to treatment in generalist and specialist settings.

Seven awards were made in September 2003 to the governors of California and Illinois and the states of New Mexico, Pennsylvania, Washington, and Texas, and to the chair of the Cook Inlet Tribal Council, Inc. More information about the SBIRT approach, a SAMHSA program, can be found at <http://ncadi.samhsa.gov/govpubs/BKD341/>.

- Another useful tool was identified in a research project, Ensuring Solutions to Alcohol Problems at The George Washington University Medical Center, and suggests 13 "active ingredients" to help health care providers effectively treat alcohol use disorders. This tool emphasizes early detection; a comprehensive assessment and individualized treatment plan; care management; individually delivered, proven professional interventions; "contracting" with individuals (actively involving a significant other to ensure that individuals are monitored to take their medication properly),

social skills training; medications; specialized services for medical, psychiatric, employment, or family problems; continuing care; a strong bond with a therapist or counselor; long duration of treatment; participation in support groups; and strong patient motivation.^{45, 46, 47, 48}

- The American Society of Addiction Medicine (ASAM) also publishes patient placement criteria guidelines for placement of patients with substance use disorders. The **ASAM Patient Placement Criteria-2R** (second edition revised) provides two sets of guidelines to help physicians diagnose adults and adolescents who suffer from these disorders.⁴⁹

Because achieving recovery involves many elements—physical, mental, emotional, and/or spiritual—President Bush’s **Access to Recovery (ATR)** grant program, administered by SAMHSA, empowers people to choose the providers and programs that best meet their needs by providing people seeking treatment with vouchers to pay for a range of effective, community-based treatment and recovery support services. It also expands access to care, including access to faith- and community-based programs, and increases substance abuse treatment capacity.

Another SAMHSA grant program, the Recovery Community Services Program (RCSP), provides additional support services for those seeking recovery from alcohol and drug use disorders. In RCSP grant projects, peer-to-peer recovery support services are provided to help people initiate and/or sustain recovery from substance use disorders. Some RCSP grant projects also offer support to family members of people needing, seeking, or in recovery. Peer support services are not treatment or post-treatment services provided by professionals, but rather support services from people who share the experiences of addiction and recovery. As mentioned above, peer-to-peer services help prevent relapse and promote long-term recovery, thereby reducing the strain on the overburdened treatment system.⁵⁰

Health Care Coverage

Private insurance is an important source of financing for substance abuse treatment.⁵¹ Yet cost or insurance problems were two barriers cited by more than 33 percent of people who needed but did not receive treatment and felt they needed treatment in 2003, according to the **2003 National Survey on Drug Use and Health**.⁵²

In fact, a study published in the November/December 2004 issue of **Health Affairs** found that the use of formal substance abuse treatment among the privately insured population declined dramatically from 1992 to 2001. The authors concluded that this change may be due to the growth in managed care, which can have a dramatic effect on substance abuse treatment spending.⁵³

Currently, some private insurance plans do not adequately cover treatment for substance use disorders. They may not cover specific services, limit the number of services with annual or lifetime caps, or stipulate limited or no continuing care.⁵⁴

Insurance coverage for treatment can be limited to treatment provided by physicians, although nurses, pharmacists, and others who may not be treatment specialists are often involved. It may be beneficial for

these additional front-line providers to be reimbursed by private insurers, because they are often in an optimal position to screen, recognize, diagnose, and treat these disorders.⁵⁵

According to the American Society of Addiction Medicine, investing in treatment and related services can help close serious gaps in treatment capacity and reduce associated health, economic, and social costs.⁵⁶ Addiction treatment benefits not only the individual and his or her family in the healing process, but also the public health, public safety, and the public purse.⁵⁷ To aid health care providers in offering needed treatment services, private health insurance plans may consider offering reimbursement for evidence-based practice improvements; capital improvements and reinvestment; and workforce recruitment, retention, and development.^{58, 59}

Reimbursement for treatment services can be beneficial. According to SAMHSA Administrator Charles Curie, as documented in a May 25, 2004, SAMHSA press release, treatment for substance use disorders “is a bargain compared to expenditures for jails, foster care for children, and health complications that often accompany addiction.” These services can help prevent more serious complications associated with these disorders.

Making a Difference: What Can I Do?

- **Get the facts.** Learn about the newest science-based treatment protocols and about the nature of substance use disorders. Increase your understanding of the recovery process. Refer to the resources listed at the end of this document for assistance in locating up-to-date information about substance use disorders for medical professionals.
- **Examine your own perceptions.** Even in the medical community, the perception remains that substance use disorders are a moral weakness, despite research that clearly establishes them as medical disorders.⁶⁰ This stigma compromises people’s ability to get treatment. Well-trained and informed health care providers, using evidence-based diagnostic and therapeutic practices, can play a critical role in providing treatment to patients with substance use disorders.
- **Employ screening instruments to help identify those in need of services.** Make every effort to identify when an individual’s health problems may have been worsened by an underlying problem with alcohol or drug use. Experts recommend that primary care clinicians “periodically and routinely screen all patients for substance use disorders.”⁶¹ In addition to questioning the individuals they serve, providers can use a variety of screening instruments, including:
 - CAGE (Cutting down, Annoyance by criticism, Guilty feeling, Eye openers)
 - CAGE-AID (CAGE Adapted to Include Drugs)
 - AUDIT (Alcohol Use Disorders Identification Test)

- TWEAK (Tolerance, Worry, Eye opener, Amnesia, (K)cut down)
- MAST (Michigan Alcohol Screening Test)
- RAPS4 (Rapid Alcohol Problems Screen 4)⁶²

These screening tools are described in depth in *Treatment Improvement Protocol (TIP) Series #24, A Guide to Substance Abuse Services for Primary Care Clinicians* (DHHS Publication No. (SMA) 97-3139). It can be ordered free of charge from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or 1-800-487-4889 (TDD), or online at www.ncadi.samhsa.gov.

- **Take a holistic approach to treating individuals.** For treatment to be fully effective, health care providers must offer (or be able to refer people to) coordinated treatment for both mental disorders and substance use disorders.
- **Recognize that “one size does not fit all.”** Programs for treating substance use disorders are most effective if they are tailored to the needs of the patient, recognizing cultural backgrounds and special needs.

Making a Difference: How Can I Contribute to *Recovery Month*?

We encourage everyone in a health care profession to participate in *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* this September. The theme for this year's *Recovery Month* is “*Join the Voices for Recovery: Healing Lives, Families, and Communities.*” Your voice is vital to the success of the 16th annual celebration of *Recovery Month*. Here are some ideas you may consider:

- **Encourage others to take action.** Please encourage fellow health care professionals to take advantage of training and continuing education opportunities so they are better equipped to identify patients with substance use disorders and can refer them to treatment. Support efforts to increase medical students' knowledge of substance use disorders, and offer to lead regular training sessions for volunteers and other staff members. Talk openly about the need for the medical community to overcome the stigma associated with substance use disorders.
- **Examine your own workplace benefits.** Objectively evaluate your own workplace benefits to see if there are equal resources for your employees when it comes to mental health services and treatment for substance use disorders. Ensure that you are providing adequate treatment services for family members as well as the primary insurance beneficiary.
- **Participate in a community forum.** Many cities around the nation will be hosting community forums during *Recovery Month* to talk about substance use disorders, discuss recovery-related topics, and solve identified problems. Consider becoming a forum participant. Your expertise and commitment will be invaluable. To find more information about local events in your community, visit the official

Recovery Month Web site at www.recoverymonth.gov. (Click on the 2005 icon and look under events.) If no activities are scheduled, offer to help develop some. Community-based associations, foundations, local businesses, and faith-based organizations are some groups you can work with when organizing an event.

- **Tell your own story, if you are comfortable doing so.** If you are recovering from an alcohol or drug use disorder (or someone close to you is doing so), you can be a powerful voice for the effectiveness of treatment. As a respected member of your community, you may be able to affect benefit and service delivery decisions. You may want to consult your employee assistance program or human resources representative first to identify the most suitable and receptive audience for your disclosure. For maximum impact, if you have colleagues who also are in recovery, ask them if they would like to join you in sharing their stories of healing.

For additional **Recovery Month** materials, visit our Web site at www.recoverymonth.gov or call 1-800-662-HELP.

Provider Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

This government agency provides information and resources on alcohol and drug use disorders and health insurance/Medicaid issues.

200 Independence Avenue SW

Washington, D.C. 20201

877-696-6775 (Toll-Free)

www.hhs.gov

HHS, Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration's mission is to improve and expand access to quality health care for all.

Parklawn Building, 5600 Fishers Lane

Rockville, MD 20857

301-443-3376

www.hrsa.gov

HHS, National Institutes of Health (NIH)

The National Institutes of Health is the steward of medical and behavioral research for the nation. It is an agency under the U.S. Department of Health and Human Services.

9000 Rockville Pike

Bethesda, MD 20892

301-496-4000

www.nih.gov

HHS, NIH

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

This institute provides leadership in the national effort to reduce alcohol-related problems by conducting and supporting research in a wide range of scientific areas.

5635 Fishers Lane, MSC 9304

Bethesda, MD 20892-9304

301-443-3885

www.niaaa.nih.gov

HHS, NIH

National Institute on Drug Abuse (NIDA)

This government institute supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction and carries out a broad range of programs to ensure rapid dissemination of research information and its implementation in policy and practice.

6001 Executive Boulevard

Room 5213 MSC 9561

Bethesda, MD 20892-9561

301-443-1124

Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)

Or 888-TTY-NIDA (TTY) (Toll-Free)

www.nida.nih.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)

This Federal agency improves the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from alcohol and drug use disorders and mental illnesses.

1 Choke Cherry Road, 8th Floor

Rockville, MD 20857

240-276-2130

www.samhsa.gov

HHS, SAMHSA

Center for Substance Abuse Treatment (CSAT)

*This government organization provides information on treatment programs, publications, funding opportunities, and resources and sponsors **Recovery Month**.*

1 Choke Cherry Road, 5th Floor

Rockville, MD 20857

240-276-2750

www.samhsa.gov/centers/csat/csat.html

HHS, SAMHSA

Substance Abuse Treatment Facility Locator

This is a searchable directory of alcohol and drug treatment programs.

www.findtreatment.samhsa.gov

Alcohol and Drug Services

American Medical Association (AMA)

Office of Alcohol and Other Drug Abuse

This collaboration of the AMA and The Robert Wood Johnson Foundation works to reduce underage alcohol use.

515 North State Street

Chicago, IL 60610

800-621-8335 (Toll-Free)

312-464-5000

www.ama-assn.org/ama/pub/category/3337.html

Association for Medical Education and Research in Substance Abuse (AMERSA)

This association offers training and materials for medical professionals and students and all primary health professional disciplines.

125 Whipple Street, Suite 300

Providence, RI 02908

401-349-0000

www.amersa.org

Institute for the Advancement of Human Behavior

This institute provides continuing medical education for mental health, chemical dependency, and alcohol and drug use disorder treatment providers in the United States and Canada.

4370 Alpine Road, Suite 209

Portola Valley, CA 94028

800-258-8411

www.iahb.org

International Nurses Society on Addictions

This society offers information and education for nurses concerning prevention, intervention, treatment, and management of alcohol and drug use disorders.

P.O. Box 10752

Raleigh, NC 27605

919-821-1292

www.intnsa.org

Johnson Institute

This national organization works to identify and eliminate barriers to recovery, while promoting the power and possibility of recovery by enhancing awareness, prevention, intervention, and treatment practices for alcohol and drug use disorders.

D.C. Office: 613 Second Street NE

Washington, D.C. 20002

202-662-7104

MN Office: 10001 Wayzata Boulevard

Minnetonka, MN 55305

952-582-2713

www.johnsoninstitute.org

Physicians and Lawyers for National Drug Policy

This organization conducts research and provides information to the public on drug use disorders, and works to put a new emphasis on the national drug policy by substantially refocusing the investment in the prevention and treatment of harmful drug use.

PLNDP National Project Office

Center for Alcohol and Addiction Studies

Brown University

Box G-BH

Providence, RI 02912

401-444-1817

www.plndp.org

Mutual Support Groups

Al-Anon/Alateen

This group provides support for families and friends of alcoholics.

Al-Anon Family Group Headquarters, Inc.

1600 Corporate Landing Parkway

Virginia Beach, VA 23454-5617

757-563-1600

888-4AL-ANON (888-425-2666) (Toll-Free)

www.al-anon.alateen.org

Alcoholics Anonymous (AA)

AA offers a support group that provides sponsorship and a 12-step program for life without alcohol.

475 Riverside Drive, 11th Floor

New York, NY 10115

212-870-3107

www.aa.org

Narcotics Anonymous World Services

This is a non-profit fellowship society of men and women for whom drugs had become a major problem.

Membership is open to all drug addicts, regardless of the particular drug or combination of drug used.

P.O. Box 9999

Van Nuys, CA 91409

818-773-9999

www.na.org

Psychiatry and Psychology

American Academy of Addiction Psychiatry

The Academy offers continuing education for alcohol and drug use disorder treatment professionals.

1010 Vermont Avenue NW, Suite 710

Washington, D.C. 20005

202-393-4419

www.aaap.org

American Psychiatric Association

This association offers mental health information for professionals, individuals, and families.

1000 Wilson Boulevard, Suite 1825

Arlington, VA 22209-3901

703-907-7300

888-357-7924 (Toll-Free)

www.psych.org

American Psychological Association

The American Psychological Association is the largest scientific and professional organization representing psychology in the United States. Its membership includes more than 150,000 researchers, educators, clinicians, consultants, and students.

750 First Street NE

Washington, D.C. 20002-4242

202-336-5500

202-336-6123 (TDD/TTY)

800-374-2721 (Toll-Free)

www.apa.org

American Society of Addiction

Medicine (ASAM)

This society increases access to and quality of treatment, educates the medical arena and the public, and promotes research and prevention.

4601 North Park Avenue

Upper Arcade, Suite 101

Chevy Chase, MD 20815-4520

301-656-3920

www.asam.org

National Mental Health Association (NMHA)

This association is dedicated to promoting mental health, preventing mental disorders, and achieving victory over mental illness through advocacy, education, research, and service.

2001 North Beauregard Street, 12th Floor

Alexandria, VA 22311

703-684-7722

800-969-6642 (Toll-Free)

800-433-5959 (TTY)

www.nmha.org

Research

Addiction Technology Transfer Centers (ATTC)

These centers identify and promote opportunities for advancing addiction treatment research.

University of Missouri—Kansas City

5100 Rockhill Road

Kansas City, MO 64110-2499

816-482-1200

www.nattc.org

CompassPoint Addiction Foundation

This foundation performs research about the causes and nature of alcohol and drug use disorders.

7711 East Greenway Street, Suite 211

Scottsdale, AZ 85254

480-368-2688

www.addictionresearch.com

Harvard Medical School Division on Addictions

This center provides education and training to health care workers who treat alcohol and drug use disorders and to scientists who study them.

401 Park Drive, Second Floor East

Boston, MA 02115

617-432-0058

www.hms.harvard.edu/doa

National Center on Addiction and Substance Abuse at Columbia University (CASA)

This center conducts research on the economic and social costs of alcohol and drug use disorders.

633 Third Avenue, 19th Floor

New York, NY 10017

212-841-5200

www.casacolumbia.org

Treatment Providers

Alcoholism and Substance Abuse Providers of New York State

This non-profit membership association consists of coalitions, programs, and agencies throughout New York State that provide alcohol and drug use disorder prevention, treatment, and research.

1 Columbia Place, Suite 400

Albany, NY 12207-1006

518-426-3122

www.asapnys.org

American Association for Marriage and Family Therapy (AAMFT)

This association represents the professional interests of more than 23,000 marriage and family therapists throughout the United States, Canada, and abroad.

112 South Alfred Street

Alexandria, VA 22314-3061

703-838-9808

www.aamft.org

American Mental Health Counselors Association

This group enhances the profession of mental health counseling through licensing, advocacy, education, and professional development.

801 North Fairfax Street, Suite 304

Alexandria, VA 22314

703-548-6002

www.amhca.org

NAADAC, The Association for Addiction Professionals (National Association of Alcoholism and Drug Abuse Counselors)

This membership organization serves addiction professionals who specialize in addiction treatment, prevention, and intervention.

901 North Washington Street, Suite 600

Alexandria, VA 22314

800-548-0497

www.naadac.org

National Association of Addiction Treatment Providers

This association represents private alcohol and drug use disorder treatment programs throughout the United States.

313 West Liberty Street, Suite 129

Lancaster, PA 17603-2748

717-392-8480

www.naatp.org

National Association on Alcohol, Drugs and Disability, Inc. (NAADD)

This association promotes awareness and education about alcohol and drug use disorders among people with physical, sensory, cognitive, and developmental disabilities.

2165 Bunker Hill Drive

San Mateo, CA 94402-3801

650-578-8047

www.naadd.org

National Council for Community

Behavioral Healthcare

The National Council is the only trade association representing the providers of mental health, substance abuse, and developmental disability services. Our members serve more than 4.5 million adults, children, and families each year and employ more than 250,000 staff.

12300 Twinbrook Parkway, Suite 320

Rockville, MD 20852

301-984-6200

www.nccbh.org

This list is not exhaustive of all available resources. Inclusion does not constitute endorsement by the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, or its Center for Substance Abuse Treatment.

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